matter close to the surface of the lower portion of the anterior central gyrus. SPILLER.

261. CASUISTISCHE MITTEILUNGEN AUS DEM GEBIETE DER MUSKELPATHOLOGIE (**Clinical Communications Concerningthe Pathology of the Muscles**). **R. Cassirer** (**Monatsschrift für Psychiatrie und Neurologie, 3, 1897, p. 491, and 4, 1898, p. 21**).

Cassirer reports the clinical histories of several cases illustrating the difficulties of diagnosis in diseases causing muscular atrophy. The first case was in a young girl. The disease began with severe pain in the lower limbs and the patient became quite weak in these parts. Improvement was soon noted. About a year later the child had diphtheria and scarlatina with œdema. The weakness of the lower extremities increased and the motility of the arms diminished. No pain was experienced. After two years, during which time the improvement was gradual, the small foot muscles of the plantar surface, the quadriceps femoris, the ilio-psoas, and the adductors of the thigh, the deltoid, supraspinatus, infraspinatus, and triceps muscles were especially involved, while the remaining muscles of the thigh, pelvis, abdomen and back were little affected. The paralysis was not a degenerative one and pseudo-hypertrophy was not seen. The tendon reflexes corresponded in intensity to the degree of muscular atrophy. No objective or subjective disturbance of sensation was present.

The cause of this affection could not be neuritis or spinal lesion, chiefly on account of the absence of sensory changes during a long period, and the absence of a degenerative paralysis. The very slight fibrillary twitchings, the youthful age of the patient and the irregular and extensive atrophy, were not regarded as favoring the diagnosis of spinal muscular atrophy.

The variations in the symptoms and the atrophy of the shoulder muscles, with integrity of the muscles of the hand and forearm, were against the diagnosis of progressive neurotic muscular atrophy, while the acute onset of the process with pain, the many variations in the symptoms and the distribution of the muscular atrophy were not characteristics of progressive muscular dystrophy. The case was regarded as one of primary myopathy, resulting from polymyositis, and as not conforming to any of the known types of muscular atrophy.

Two cases of progressive neurotic muscular atrophy are described which closely resembled clinically the case just mentioned, but in these, qualitative electrical changes were noted. Although cases of muscular dystrophy with reaction of degeneration have been reported, they are very exceptional, and if such reaction occurs the diagnosis of muscular dystrophy can only be made when the muscular atrophy in its distribution is characteristic of this disease. Degenerative reaction Cassirer regarded as sufficient to exclude the possibility of progressive muscular dystrophy.

A case of acute anterior poliomyelitis is reported, in which later the signs of progressive muscular dystrophy were noted. No similar combination of the two diseases seems to have been recorded in literature. Cassirer says a connection may have existed between the two diseases, but that proof was not offered. SPILLER.

262. THE NEURASTHENIC SYMPTOMS OF GASTRO-INTESTINAL DISEASE. **G. W. McCasky, M. D.** (Med. Record, 54, 1898, p. 371).

There is one type of gastric disease in which for some reason the local sensory symptoms of the stomach disorder are almost entirely wanting, and the local disease is more or less completely masked by the secondary toxæmic and neurasthenic phenomena, which cannot be successfully treated without removing the primary cause. More commonly, however, the gastric symptoms are not so latent. Intestinal symptoms are much more likely to be overlooked. The neurasthenic symptoms in intestinal disease vary greatly. General fatigue sensations are quite common. These may be mild and limited to a feeling of lassitude, with inordinate fatigue on slight exertion. In severer cases the various grades of neurasthenic pains are manifested sometimes in very aggravated forms. These pains may overshadow everything else and rack the patient's nervous system day and night, with disastrous results upon both the nerves and general nutrition. Incapacity for sustained mental effort may be shown in various degrees. This may be the result of vasomotor disturbances of the cerebal cortex, histochemical changes of the cortical cells, or the direct action of toxins. General sensory disturbances are very frequent. Paræsthesia and pruritis are the most commonly met forms. These paræsthesiæ generally occur in distinct episodes, lasting from a few days to a few weeks. Exhausting insomnia is among their effects, as the exacerbations are mostly nocturnal. Vertigo is very troublesome in some cases. It occurs in paroxysms during the height of digestion, or when the stomach is empty. In others it occurs whenever the patient shifts from the recumbent to the erect posture or vice versa. Muscular weakness is very frequent as a neurasthenic symptom, independently of the weakness expressive of the general debility from inanition present in aggravated cases of gastro-intestinal disease. The mental state tends toward depression. The digestive apparatus suffers like all other parts of the organism from lowered nerve function and thus it happens that in a large number of dyspeptics the gastro-enteric disease is primarily neurasthenic, but rapidly becomes more than this. The reason is that secretion and motility, the principal factors in primary digestion, are dependent upon nerve force. The vigilant germ is ever ready to seize upon the remnants of retarded digestion, producing gases and toxins, which by chemical and mechanical irritation still further impair secretion and motility, thus ever working in a vicious circle.

FREEMAN.

263. UEBER DAS "INTERMITTIRENDE HINKEN" UND ANDERE NERVOESE STOERUNGEN IN FOLGE VON GEFAESSERKRANKUNGEN (Concerning the Intermittent Lameness and Other Nervous Disturbances Resulting from Vascular Diseases). W. Erb (Deutsche Zeitschrift für Nervenheilkunde, 13, 1898, p. 1).

Erb reports a number of cases of this affection which was made well known under the title of intermittent claudication by the writings of Charcot. The literature is thoroughly reviewed. The condition in animals was recognized some years before Charcot reported a case in man.

Erb, with his assistants, has examined more than seven hundred cases, in order to determine the frequency of the absence of the pulse in the foot. He has found that at every age and in both sexes, when arteriosclerosis in a marked degree, cardiac trouble, or anomalies of the skin, do not exist, the pulsation of the foot arteries is present almost without exception, and its absence must be regarded as pathological.

Arteriosclerosis of the arteries of the foot with absence of every detectable pulsation may occur, without any indication of the intermittent lameness, nervous or vascular disturbances, or gangrene. In